healthwatch Newcastle

GP appointments:

What do Newcastle patients want?

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About Healthwatch Newcastle

Healthwatch Newcastle is one of 152 local Healthwatch organisations established throughout England on 1 April 2013 under the provisions of the Health and Social Care Act 2012. We have a dual role to champion the rights of users of publicly funded health and social care services for both adults and children, and to hold the system to account for how well it engages with the public.

We collect feedback on services from people of all ages and from all communities. We do this through our network of voluntary and community sector organisations (VCS); comments cards at events, regular drop-in sessions and listening events at a range of venues across the city; social media; callers to our 'Just ask' helpline; and online through the feedback centre on our website. As part of the remit to gather views we also have the power to 'enter and view' services and conduct announced and unannounced visits.

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1. Introduction

Speedy access to primary care services is one of the key components of a responsive and effective health service. However, general practices in the UK face an increasing demand for their services, and difficulties in recruiting new GPs mean that available resources are stretched even further. At the same time, government promises of seven day a week access to GPs in England and Wales increase patient expectations. In this environment it is important that GPs understand the preferences of their patients, in order to make best use of resources.

Government policy is focused upon improving speed of access (the NHS plan[1] states that patients should be able to see a health professional within 24 hours and a GP within 48 hours) but patients are known to also value continuity of care and convenience.

Analysis of Healthwatch Newcastle monitoring data reveals that we receive three times more comments about GP practices than any other service. This is not surprising as far more people access their GP than any other services. However, the majority of these comments are about appointments and are negative in nature. Also, 11 of the GP practices in Newcastle are below the England GP average of 73% for respondents who rate their overall experience of making an appointment as good[2]. Of those 11 practices, five had less than 60% of respondents rating the experience as good or very good.

We are aware that GPs in Newcastle, in common with NHS services across the country, have an issue with people not attending for their appointments (DNAs). To get an understanding of the size of the problem, in January 2016 we asked Newcastle GPs to provide us with their DNA figures for the preceding quarter (October to December 2015). Of those who responded the average percentage of appointments booked which were then not taken up was 7.5%, and the range at different GPs ran from 3.4% to 18.2%.

An appointment when the patient does not attend is, in effect, a wasted appointment and reduces availability for others, therefore this level of DNA has an impact on ease of access to GPs.

Newcastle Practice Managers shared other factors that reduce appointment availability, including:

- Increased requirement for interpreters — practices increasingly use interpreters to support communication with a wide range of patients; an appointment with an interpreter is scheduled for 20 minutes rather than a standard ten minute appointment
- The demand for urgent appointments is increasing — this takes away the ability to allocate more planned appointments
- Demand overall is increasing — the number of patients requiring clinical support and advice grows larger every year, but the numbers of staff able to help them is not rising at the same rate
- More doctors are working part-time hours — this impacts on the ability to maintain continuity with patients, especially if the appointment is urgent

[1] Department of Health NHS Plan - Department of Health, 2002
[2] NHS England GP Patient Survey for the second half of 2014-15 - http://tinyurl.com/zutvm83

Being aware of the challenges that face GP practice when trying to improve access, we decided to carry out further work in this area. We considered carrying out a standard survey to work out if people have difficulty accessing their GPs. However, we felt this might simply replicate the patient survey and therefore would not be particularly valuable to commissioners and service providers.

It is essential to understand what is important to the people of Newcastle when booking a GP appointment, and specifically to estimate the **relative** importance that people put upon the different elements (or attributes) of a GP appointment, particularly speed of access (waiting time for an appointment), convenience (flexibility of appointment time) and continuity of GP. We wanted to establish patient preferences across the entire population and how they might differ across various patient subgroups.

We hope this report will be valuable to both the commissioners and providers of primary care and perhaps lead to system improvements that would better suit particular patient groups' needs, as well as help to reduce the number of DNAs.

The survey was carried out in partnership with the Faculty of Health and Life Sciences at Northumbria University, which helped design the survey and carry out the data analysis. Northumbria University will publish an academic paper later in the year to sit alongside this Healthwatch Newcastle report.

2. Methodology

2.1 A discrete choice experiment

Any service or product can be described by its characteristics (or attributes). A discrete choice experiment (DCE) is a way of estimating the relative importance people put upon different attributes of a service. It brings out people's preferences by allowing trade-offs between the attributes. It is used in health service research because it reflects the type of decisions people have to make in their daily interactions with health services.

In some circumstances it is possible to determine people's preferences by analysing the choices they make or other aspects of their behaviour. These preferences are observed and are referred to as 'revealed preferences'. However, in many situations this is not possible, in particular when service provider and service user interactions are restricted in some way. For example, in an unrestricted environment a person may choose to always visit their GP on a Saturday (their day off) but in reality this is rarely a choice open to them – the interaction is restricted.

In these cases it is possible to use 'stated preference' methods. This is where service users are asked directly about their preferences about services or attributes of a service. An example of a stated preference method is a discrete choice experiment (DCE). DCEs are a way to gather and understand these preferences and are frequently used to address a wide range of health related issues. The advantage of DCEs over other methods is that they require

trade-offs to be made by participants between various attributes of a service. DCEs therefore give a better understanding of participants' relative preferences than other methods, such as a simple questionnaire asking people to rank attributes independently on a scale of one to ten.

DCEs consist of a set of choices that participants are required to make between two alternatives. Each alternative describes a scenario or situation defined by a set of attributes that are common across all choice sets in the DCE. Each attribute is specified at a number of predefined levels. In each case participants choose the scenario that best reflects their preference.

It is common practice in DCEs to include financial cost as one of the attributes. This creates a currency against other attributes in the DCE that can be valued. This was inappropriate for our survey and we chose to include days' wait for an appointment as our currency. In our DCE, all attributes are valued in terms of the number of days a person would be willing to wait to receive them. For example, how many more days would a person be prepared to wait (or to trade off) to get an appointment with their preferred GP or at their preferred time of day.

2.2 Our approach

Our initial pilot DCE consisted of six attributes, each having between two and four levels. The attributes were chosen to reflect the range of issues raised by members of the public with us in relation to GP appointments. The attributes were:

- Choice of GP
- Choice of appointment time
- Time to wait for an appointment
- Appointment length
- Staff attitude
- Shared decision-making

We piloted the DCE with members of the public and also asked them to complete a short questionnaire about their experience of completing the survey. The data collected during the pilot phase was not analysed but it showed that the DCE was too complicated and took a lot of time to complete. The pilot revealed that concepts such as staff attitude and shared decision-making are very subjective and as such are not particularly suited to the DCE method.

For this reason we chose the following as our three attributes:

1. Time to wait for appointment (speed of access)
2. Choice of GP (continuity)
3. Choice of appointment time (flexibility)

With the following levels:

1. **Time to wait for appointment**
   a) Same day appointment
   b) Next day appointment
   c) Appointment in five days
   d) Appointment over seven days away

2. **Choice of GP**
   a) No choice of GP
   b) Choice of preferred GP
   c) Choice between two GPs

3. **Choice of appointment time**
   a) A choice of an evening or weekend appointment
   b) A choice of afternoon or morning appointment
   c) No choice of time
   d) Preferred time (normal surgery hours)

This resulted in a questionnaire with eight different scenarios or choices (see appendix 1 for a copy of the survey).

Alongside the DCE we needed to check that participants were, as far as possible, a demographic match for the population of Newcastle as a whole. For this we referred to information taken from www.wellbeingforlife.org.uk/know-your-city. This information was also used to examine people's preferences across various patient subgroups. Participants were asked to provide certain demographic data, although they were informed that they did not have to provide this information if they did not want to. However, fewer than 10% of participants declined to provide this information.

The demographic data collected included:

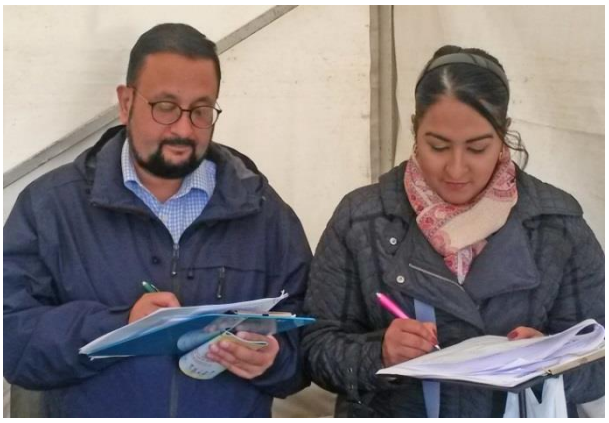
- Age range
- Disability
- Ethnicity
- Gender
- Long term condition
- Postcode
- Sexuality
- When last saw a GP

Following analysis of the data we found that the participant population did broadly reflect the Newcastle population as a whole with regard to the percentage of people:

- With a disability or long term condition
- From the lesbian, gay, bisexual, and transgender (LGBT) community
- Of a different ethnicity

However, the participant population did not reflect the Newcastle population as a whole with regard to:

- Age profile — young people were under-represented
- Gender — many more women than men completed the questionnaire
- Location — fewer people in the east and in the north west of the city completed the questionnaire



As these imbalances became apparent towards the end of the surveying period we tried to address them by focusing later survey sessions in east end venues and by targeting male groups. This did improve our demographic match to an extent, although we were not able to eliminate the imbalance entirely. However, while we did not achieve a fully representative sample in terms of the Newcastle demographic, our participants may be more representative of the people who regularly attend GPs.

Participants were also asked to name their GP practice. This data allows us to analyse the results by GP cluster area (see appendix 2 for the GP clusters' list) as we think this information is useful for the GP clusters and could inform their future planning.

Based on advice from Northumbria University, a sample size of 800 was considered appropriate for the study. Data collection started in August 2015 and continued until December 2015. We received 950 responses in total but had to exclude 202 responses because people were not eligible (they did not live in Newcastle or were not registered with a Newcastle GP), they did not give consent or they did not fully complete the questionnaire (a particular issue with those who chose to complete online). This left 748 responses. After consultation with Northumbria University it was agreed that analysis should go ahead with the data available to us at the end of December 2015.

Data was collected in the following ways:

- Face to face self-completion of hard copy questionnaires
- Face to face self-completion of electronic questionnaires (laptop, tablet)
- Remote self-completion of online questionnaires via SurveyMonkey

Healthwatch Newcastle staff and specially trained research Champions (Healthwatch volunteers) visited a wide range of venues throughout summer and autumn 2015 to recruit participants. Where needed, they were also able to assist and support people to complete the survey. In total 27 venues were visited including:

- Community venues and events
- Shopping malls
- Local employers
- GP surgeries
- Council venues
- Local churches

When completing the survey a number of participants mentioned that level of urgency would affect their preferences around appointments. In general terms, the more urgent the issue the more value these participants put upon speed of access over other attributes. Because urgency is a very subjective and relative concept it was decided to exclude this measure from the survey. This was explained to participants if they queried why urgency wasn't reflected in the survey, and they were asked to make their choices in accordance with their usual reason for attending their GP, be it urgent or non- urgent.

3. Findings

3.1 Results for the sample population as a whole

The results for the entire sample were:

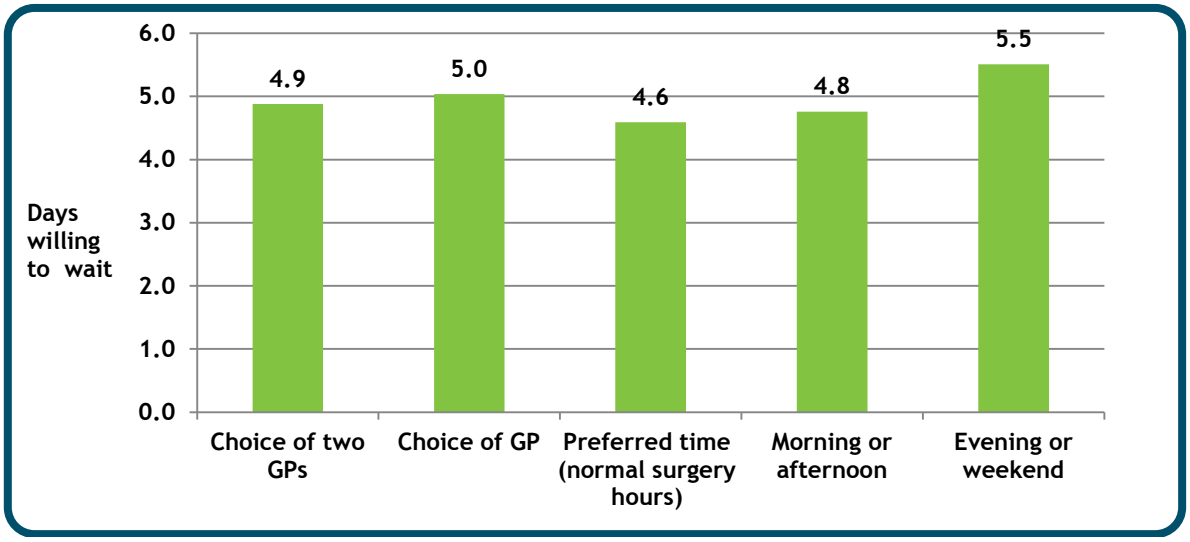


Figure 1: Days willing to wait for the sample population as a whole

The results showed that, for all respondents, evening and weekend appointments were valued the most. Our sample population was willing to wait on average five and a half days for an evening or weekend appointment. However, the results also showed that they were willing to wait just over five days to see their choice of GP, so the difference between the two attributes of flexibility of appointment and continuity of GP was really quite small.

More significantly, the table shows that our sample population put a considerable value on both flexibility and continuity over ease of access. People were happy to wait around five days to get a GP appointment at a time of their choice or with the doctor they prefer to see. These findings reflected earlier pieces of research including 'Preferences for access to the GP: a discrete choice experiment'[3] and 'Is fast access to general practice all that should matter?[4]

[3] Preferences for access to the GP: a discrete choice experiment, The British Journal of General Practice, October 2006 - http://tinyurl.com/zxe75gy

[4] Is fast access to general practice all that should matter? A discrete choice experiment of patients' preferences (2008), Journal of Health Services Research & Policy

3.2 Results for the sample population by sex and age

The results for sub populations based on sex and age band are shown in the tables below and display a marked difference between subgroups:

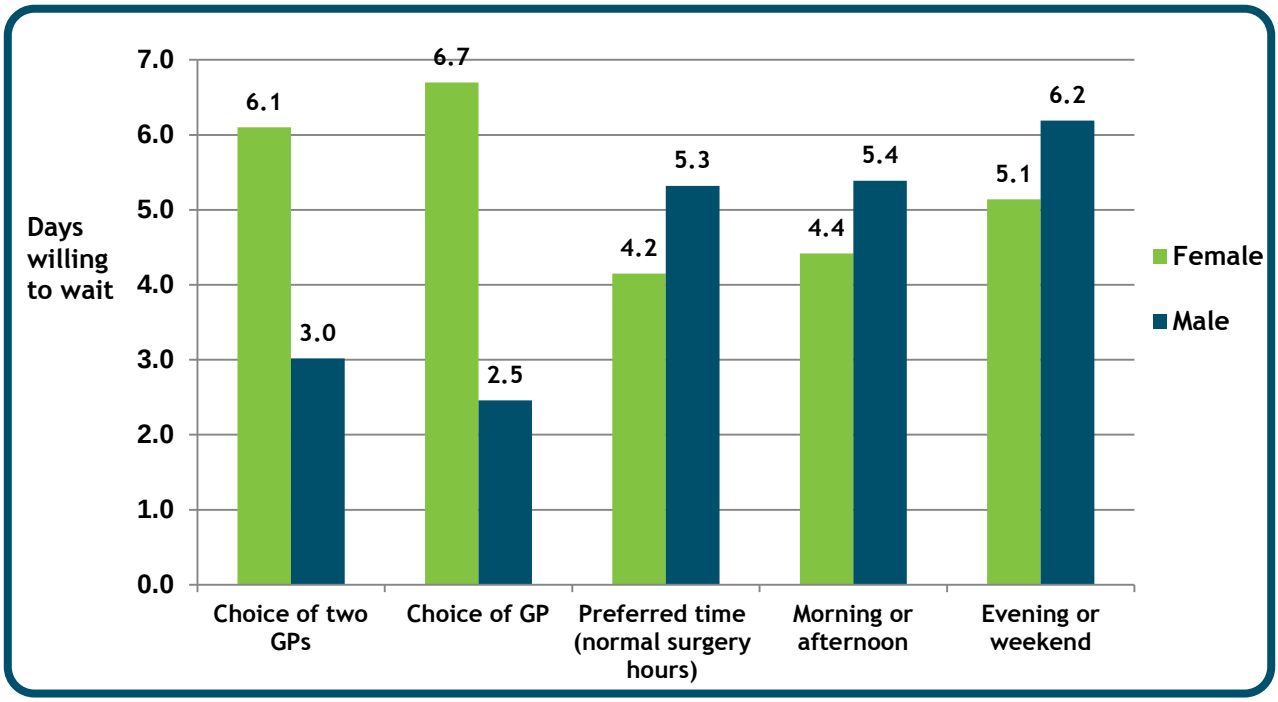


Figure 2: Days willing to wait by gender

Our results suggest that for women, it is who they see rather than when they are seen that is most important. A woman in our sample will, on average, wait almost seven days to see their GP of choice, but will only wait for just over five for an evening or weekend appointment. In contrast a man will only wait two and a half days to see his GP of choice, but will wait over six days for an evening or weekend appointment.

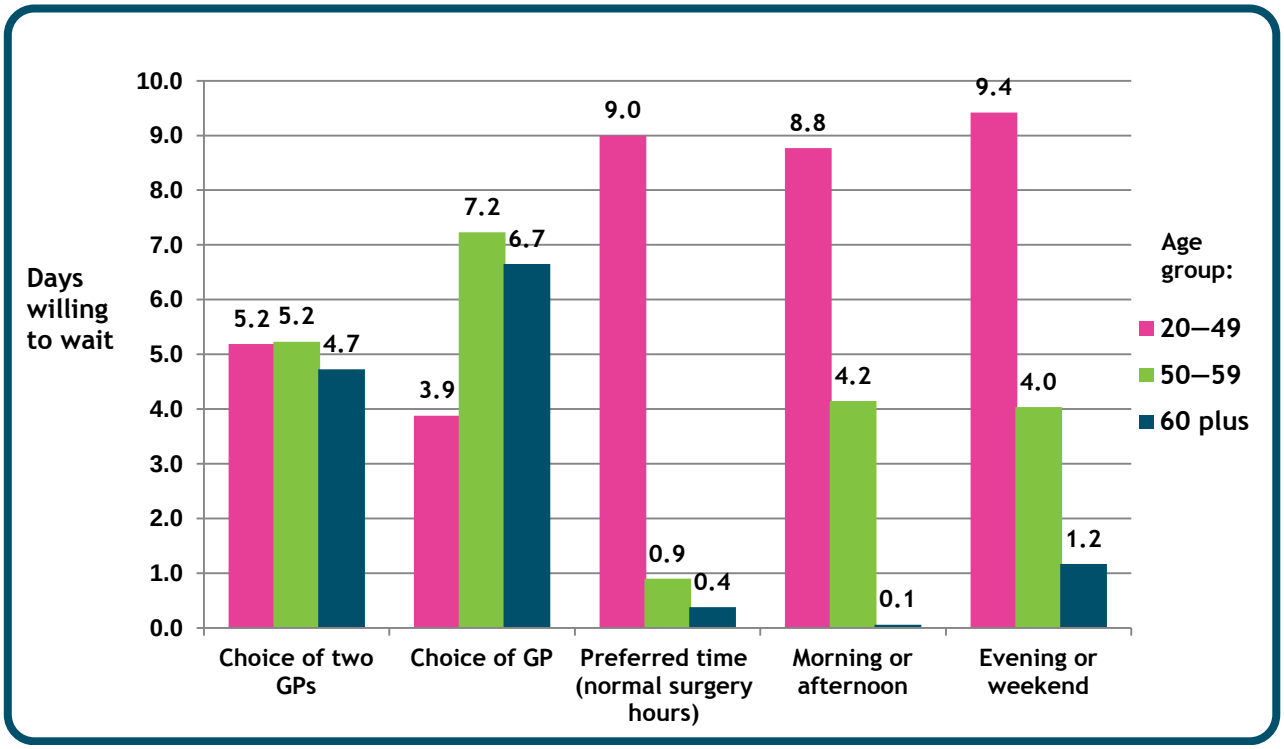


Figure 3: Days willing to wait by age group

For the younger population (those aged 16—19) there was no statistically significant results (this may be because we had only 12 respondents from this age band) and as such they were omitted from the table. Another contributing factor may be that younger people visit their GPs less often than other groups and consequently are less aware and/or less concerned about the options available to them when making an appointment.

For the 20—49 age group, appointment time is valued the most compared to which GP is seen. In particular, people aged 20—49 were willing to wait almost nine and a half days to get an evening or weekend appointment. For older groups, the situation reverses and being able to see their preferred GP becomes significantly more important than when they are seen.

3.3 Results for those with a disability or long term condition

The results for sub populations based on disability or a long term health condition were:

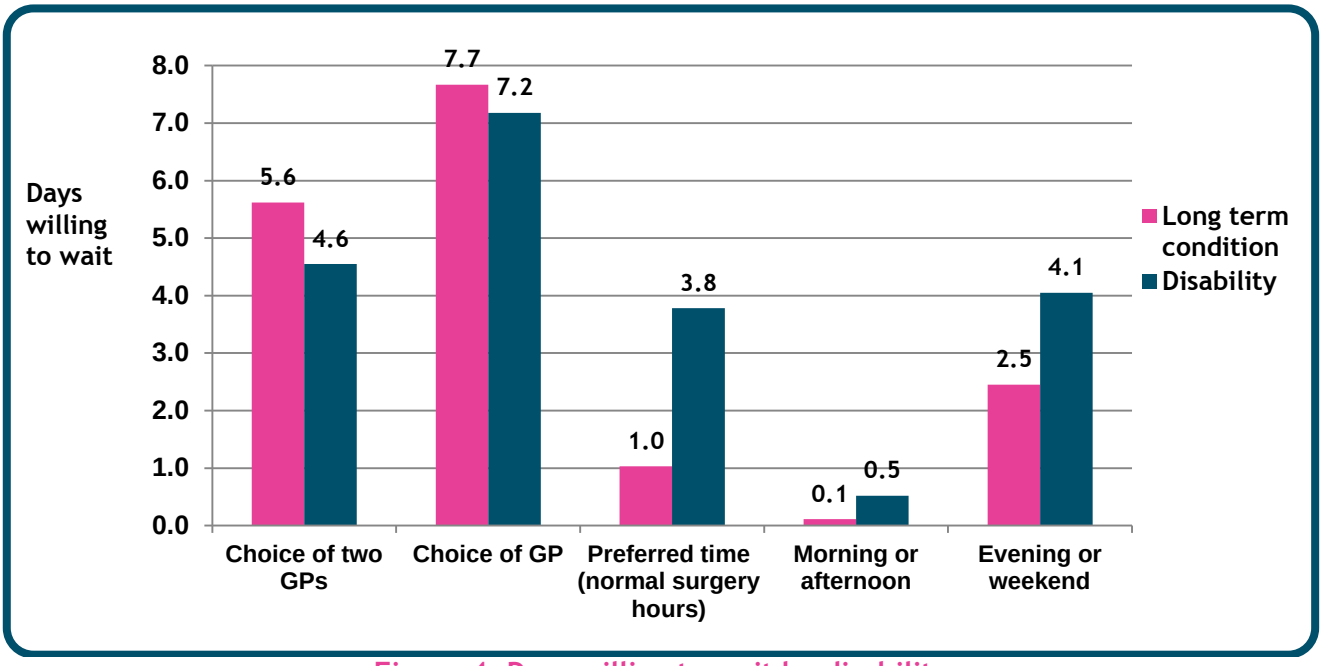


Figure 4: Days willing to wait by disability

These results suggest that for those people who define themselves as either disabled or having a long term condition it is who they see rather than when they are seen that is most important to them. Those with a long term condition were prepared to wait over seven and a half days to see their preferred GP.

3.4 Results for non-white British

The results for sub populations based on those who define themselves as non-white British were:

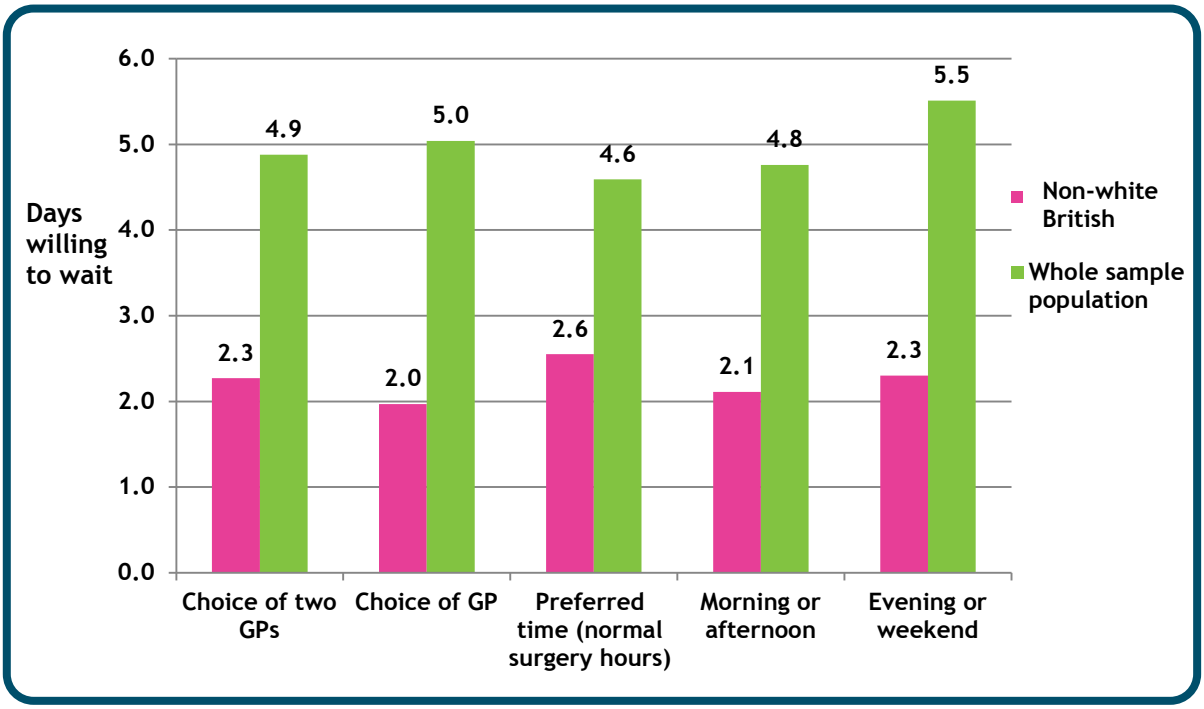


Figure 5: Days willing to wait of non-white British compared to the whole sample population

These results suggest that overall speed of appointment is more important for this group rather than whom they see or when they are seen. Compared to the population as a whole their preference is to see a GP quickly – seeing their preferred GP or getting an appointment at a convenient time of day is not of such value to this group. However, convenience is slightly more important than continuity for this group.

3.5 Results for people in the LGBT community

The results for sub populations based on those who defined themselves as LGBT were:

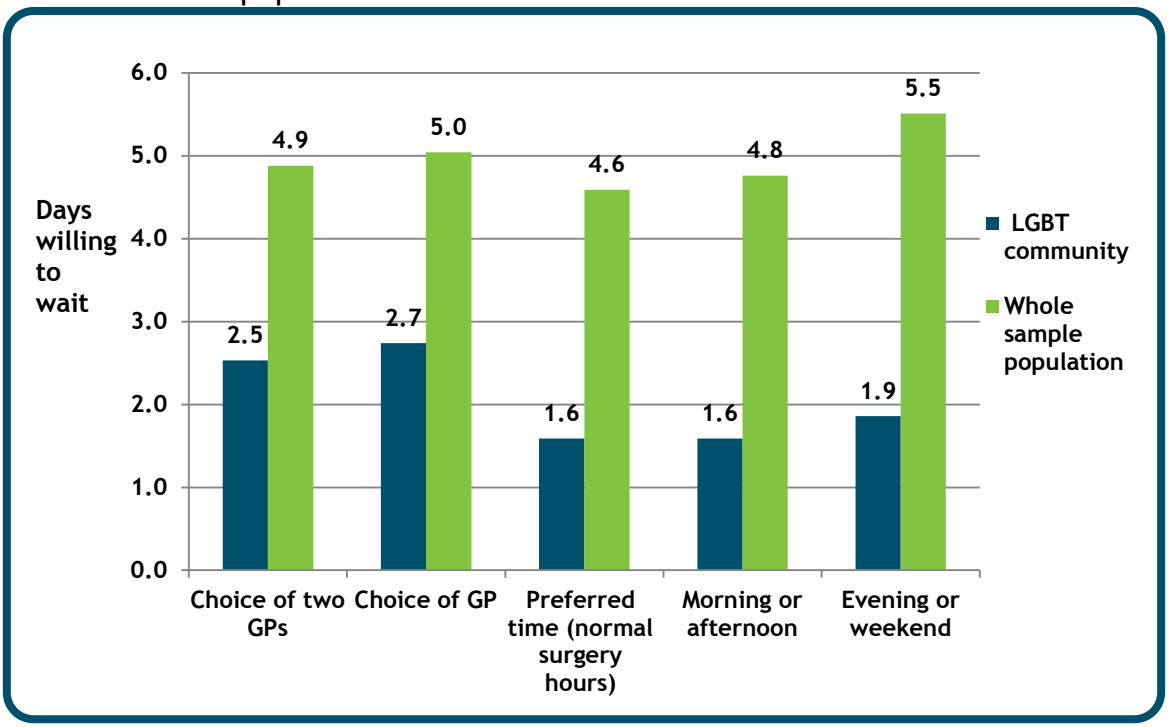


Figure 6: Days willing to wait of LGBT community compared to the whole sample population

Here again the results suggest that speed of appointment is more important to this group when compared to the population as a whole. For the LGBT community, being able to see their preferred GP is more important than flexibility of appointment time.

3.6 Results for the sample population by GP cluster

The results for sub populations based on GP cluster are shown below (see appendix 2 for a list of the GP clusters):

Attribute	Days willing to wait by GP cluster						
	A	B	C	D	E	F	H
Choice of two GPs	2.61	1.73	2.81	4.80	3.20	2.57	2.20
Choice of GP	2.89	2.44	2.84	4.01	3.50	2.68	3.13
Preferred time (normal surgery hours)	2.52	1.85	10.52	0.90	4.54	2.60	2.51
Morning or afternoon	2.18	2.16	19.85	1.02	4.15	2.78	2.91
Evening or weekend	3.05	4.41	10.09	0.89	5.51	3.13	3.84

Table 7: Days willing to wait by geographical GP cluster in Newcastle

There are some interesting results here: some cluster populations value continuity of GP (for example cluster D); others value flexibility of appointment time very highly (for example cluster C); others again score fairly high on both continuity and flexibility (for example, cluster E). These variations probably reflect demographic differences across the cluster populations, and while it is not within the scope of this survey to investigate these differences, the initial findings could form the basis of future research and will hopefully be of value to the clusters concerned.

It is also important to point out that the results for cluster B are not statistically valid – this is because there were only 17 participants who are registered with that GP cluster group. More generally, the smaller numbers involved when breaking the population into seven GP clusters mean that the results as a whole have less statistical validity. In particular the 19.85 days that patients in Cluster C are prepared to wait to get a morning or afternoon appointment is probably a statistical anomaly.

4. Summary of key findings

Our findings show that:

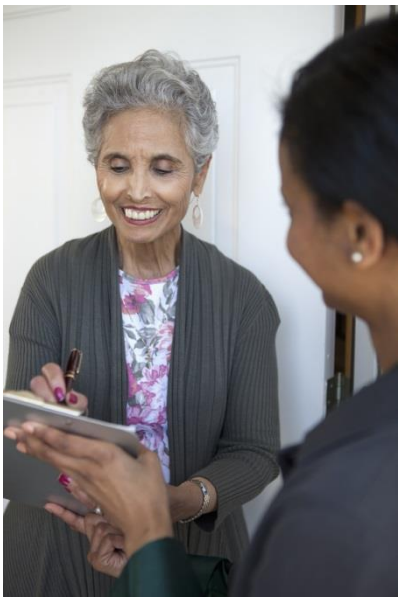
1. At the population level people in Newcastle value both flexibility of when they can see a GP and continuity about which GP they see
2. They are prepared to wait between four and a half and five and a half days to see either their preferred GP or to get an appointment at the time of their choice
3. Flexibility is marginally more valuable than continuity

However, this overall picture masks important differences between the various subgroups:

- Men and younger people value flexibility more
- Women, older people and those with a long term condition or disability value continuity of care much more highly
- Non-white British people and people from the LGBT community put less value on both these attributes and value speed of access more

5. Next steps

The results suggest that those who are commissioning and planning GP services, or those delivering services and considering making changes, should take into account factors such as the age, sex and ethnicity profiles of their patient group and the impact of these upon, for example, the demand for evening and weekend services.



For Healthwatch Newcastle, our next step is further research to better understand the choices people made in our initial survey. Our research has shown that, at the population level, evening and weekend appointments are valued the most by the people of Newcastle. We are particularly interested in carrying out more qualitative research, based on the focus group model, to look in more detail at what people understand by the terms 'weekend' and 'evening' appointments.

For example:

- By weekend appointments do people mean all day Saturday and Sunday, or a shorter service limited to specific times?
- By evening appointments do people mean early evening or would they also like appointments to be available later in the evening?

We also want to look at the issue of where those appointments might take place and with whom:

- Do people expect appointments to be available at their own surgery out of hours or are they prepared to attend a neighbouring surgery that is open at the weekend or later in the evening?
- What do people mean by 'neighbouring' — is that a two mile or five mile radius from their own surgery, and how far are people be prepared to travel?
- Do people expect to see a GP or are they be prepared to see a Nurse Practitioner?

It will also be interesting to investigate how various patient subgroups may respond when asked these questions and to consider how the perceived urgency of an issue may impact on people preferences.

This work will hopefully be of value to the Clinical Commissioning Groups and GP practices as they develop their out of hours and urgent care pathways.

6. Acknowledgements

Healthwatch Newcastle would like to thank Northumbria University, and in particular Peter McMeekin, Mark Deverill and Nawaraj Bhattarai, for their help with the design of this survey and with the data analysis.

We also want to thank our Champions, Hazel Hyland, Hapreet Dodd, James Trippett and Linda Woodcock, who worked alongside Healthwatch Newcastle staff to recruit participants for the survey and to assist people to complete the questionnaire.

Finally, we wish to thank all the residents of Newcastle who participated in the survey for taking the time to complete the questionnaire and for sharing their preferences about GP appointments with us.

7. Appendices

Appendix 1

Survey questionnaire

Imagine you need to make a GP appointment.

For each question you will be given two GP appointment choices. Please choose the appointment you prefer — A or B.

A - Same day appointment but no choice of GP and no choice of appointment time
B - Next working day appointment, with a choice between two GPs and a choice of morning or afternoon appointment
Appointment A ☐
Appointment B ☐

A - Appointment more than 7 days later, with no choice of GP and no choice of appointment time
B - Appointment for 5 working days later, with a preferred GP and a choice of morning or afternoon appointment
Appointment A ☐
Appointment B ☐

A - Appointment more than 7 days later, with a preferred appointment time but no choice of GP
B - Same day appointment with a choice of morning or afternoon appointment, but no choice of GP
Appointment A ☐
Appointment B ☐

A - Next working day appointment with a choice between two GPs and a choice of evening or weekend appointment
B - Appointment 5 working days later with preferred GP and a choice of evening or weekend appointment
Appointment A ☐
Appointment B ☐

A - Next working day appointment with preferred GP and no choice of appointment time
B - Appointment 5 working days later with preferred GP and a choice of evening or weekend appointment
Appointment A ☐
Appointment B ☐

A - Next working day appointment with preferred GP and no choice of appointment time
B - Appointment 5 working days later with a choice between 2 GPs and a preferred appointment time
Appointment A ☐
Appointment B ☐

A - Appointment 5 working days later with preferred GP and a choice between evening or weekend appointment
B - Appointment 5 working days later with no choice of GP or no choice of appointment time
Appointment A ☐
Appointment B ☐

A - Next working day appointment with preferred GP and a choice of appointment time
B - Same day appointment offered with preferred time and a choice between 2 GPs
Appointment A ☐
Appointment B ☐

Appendix 2

List of GP clusters	
Cluster A Saville Medical Practice Ponteland Road Health Centre Broadway Medical Centre Betts Avenue Medical Centre Regent Medical Group Brunton Park Surgery	**Cluster B** Throckley Primary Care Centre Newburn Surgery, Parkway Medical Group Denton Park Medical Group
Cluster C Westerhope Medical Group Fenham Hall Surgery Denton Turret Medical Group	**Cluster D** Holmside Medical Group, West Road Medical Centre Cruddas Park Surgery Scotswood and Grainger Medical Group Prospect Medical Group Dilston Medical Group
Cluster E The Grove Medical Group The Park Medical Group Roseworth Surgery Gosforth Memorial Medical Centre	**Cluster F** Biddlestone Health Group Walker Medical Group Benfield Park Medical Group Heaton Road Surgery Falcon Medical Group Thornfield Medical Group St Anthony's Health Centre
Cluster H Holly Medical Group Newcastle Medical Group The Surgery Avenue Medical Group	

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